



Request for Service Credit Cost Information Layoff, Prior Service, or Optional Member Service

Section A: Documentation of Service (to be completed by member)

Have you requested this cost information before? ☐ Yes ☐ No If yes, list date request was submitted: _____

Have you submitted a retirement application? ☐ Yes ☐ No If yes, list retirement date: _____

Part 1 Member Information

| | | | |
|-----------------------------|------------------------|-------|-----|
| Name | Social Security Number | | |
| Former Name (if applicable) | Current Employer | | |
| Daytime Phone | | | |
| Mailing Address | City | State | ZIP |

Part 2 Employment Information

List information about your employer at the time of your layoff, prior service, or optional member service.

| Period of Employment | | Employer |
|--------------------------|------------------------|----------|
| From (month/day/year) | To (month/day/year) | |
| | | |
| | | |
| | | |

Part 3 Certification

I hereby certify that the above information is true and correct.

| | |
|------------------|------|
| Member Signature | Date |
|------------------|------|

- **STOP.** Forward this form to your employer at the time of your layoff, prior service, or optional member service for completion of Section B before returning to CalPERS.

Mail To: CalPERS Member Services Division, P.O. Box 4000, Sacramento, CA 95812-4000

Name _____

Social Security Number _____

Section B: Employer Certification (to be completed by former employer)

This section is to be completed by the agency that employed the member during the period listed on the reverse. For **Layoff**, list the dates the member was laid off work. For **Prior Service**, complete the detailed history for the employment dates and time worked. Remember, to be eligible, the employment period must be prior to your CalPERS contract date. For **Optional Member Service**, complete the questions regarding the optional period, as well as the detailed history. Be sure to include employment dates, payrate, time worked, and earnings for the optional period.

Part 1 Member History

Layoff

List beginning and ending dates: _____

Prior Service

Did your agency have a local retirement system (prior to CalPERS contract)? ☐ Yes ☐ No

Was this member a participant of the local retirement system? ☐ Yes ☐ No

Did the member withdraw these funds? ☐ Yes ☐ No If yes, list:

Service Time: _____ Amount Withdrawn: _____ Withdrawal Date: _____

Optional Member Service

Was this position filled by an election or appointment to a fixed term of office? ☐ Election ☐ Appointment

What was the position title? _____

Was compensation paid considered a salary? (Expense reimbursement is not a salary) ☐ Yes ☐ No

Part 2 Member Employment History

| From (month/day/year) | To (month/day/year) | Time Worked (hours/days) | Optional Member Only Payrate (hourly/daily/monthly) | Earnings | CalPERS use only |
|--------------------------|------------------------|-----------------------------|---|----------|---------------------|
| | | | | | |
| | | | | | |
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| | | | | | |

Part 3 Statement and Signature of Authorized Employer Representative

I hereby certify that the above information is true and correct.

Employer Signature _____

Title _____

Date _____

Printed Name _____

Telephone Number _____

FAX Number _____

Employer: Please return the completed form to the member.